UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

PROCESSED
MAR 1 9 2007

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
THOMSON UNIFORM LIMITED OFFERING EXEMPTION

1393303

OMB APPROVAL

OMB Number: 3235-0076 Expires: March 30, 2008 Estimated average burden hours per form......1

							<u> </u>
Name of Offering (check if this is	an amendment and name has ch	anged, a	nd indicate change.)				1
Series A Preferred Stock Financing							A Sign
Filing Under (Check box(es) that appl	y): 🔲 Rule 504	3	☐ Rule 505	☑ Rule 506		Section 4(6)	□ ULOE ```\\\
Type of Filing:		×	New Filing			Amendment	10
	A. B	ASIC IE	ENTIFICATION DA	ATA			1 17097 //
1 Enter the information requested a	about the issuer		_				KI
Name of Issuer (check if this is an	amendment and name has chan	ged, and	indicate change.)				4.337
FreeDesign, Inc.							10.7
Address of Executive Offices	(Number an	d Street.	City, State, Zip Code)	Telephone Nui	mber (li	neluding Area Code	(i) (i)
1700 Kylie Drive, Suite 120, Longmo	nt, CO 80501			(303) 678-5950			<u> </u>
Address of Principal Business Operati (it different from Executive Others)	ons (Number and Street, City, S	State, Zip	Code)	Telephone Nui	mber (li	neluding Area Code	2)
Brief Description of Business 3D surface modeling software				1			
Type of Business Organization							
El corporation	☐ limited partnership, al	ready for	med			other (please specit	y):
☐ business trust	☐ limited partnership, to	be forme	ed				
Actual or Estimated Date of Incorpora	ation or Organization:	<u>l</u>		<u>Year</u> 2006		Autual	□ Estimated
Jurisdiction of Incorporation or Organ	nization: (Enter two-letter U	S. Postal	Service abbreviation (for State:		Actual	LI Estimated
smade don or memperation or organ			foreign jurisdiction)				DE

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6). 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.



A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - · Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer:
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
- Each general and managing partner of partnership issuers.

Check Box(es) that Apply:	☐ Promoter	➤ Beneficial Owner	Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last	name first, if individual)		•	- · ····	
Pomainville, Ro	="	0 0 0 0 0			
	dence Address (Number and e, Suite 120, Longmont, CO	•			
Check Box(es) that	☐ Promoter	■ Beneficial Owner	Executive Officer	☑ Director	☐ General and/or Managing Partner
Apply:					Managing Farmer
	name first, if individual)				
Sowar, Dick					
	dence Address (Number and 3 c. Suite 120, Longmont, CO				
Check Boxes	Promoter	Beneficial Owner	E Executive Officer	☐ Director	☐ General and/or
that Apply:	L Floritotei	E belieficial Owner	E Executive Officer	L Director	Managing Partner
Full Name (Last Rockwood, Alyr	name first, if individual)				
	dence Address (Number and S	Street City State Zin Code)			
	e, Suite 120, Longmont, CO				
Check Boxes that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last Ruchlen, Barry l	name first, if individual) 				
	dence Address (Number and	Street, City, State, Zip Code)			
	Dr., Longmont, CO 80504				<u> </u>
Check Boxes that Apply:	☐ Promoter	■ Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last Aspen Gold Dev	name first, if individual) elopment Co.				
	dence Address (Number and Sec. Suite 120, Longmont, CO		•		
Check Boxes that Apply:	☐ Promoter	■ Beneficial Owner ■ Compare the second of the second o	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last FreeDesign, LLO	name first, if individual)				,
Business or Resi	dence Address (Number and Sec. Suite 120, Longmont, CO			<u> </u>	
Check Boxes	Promoter	Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or
that Apply:					Managing Partner
Full Name (Last Pomainville, L.F	name first, if individual)				
Business or Resi	dence Address (Number and	Street, City, State, Zip Code)			
	e, Suite 120, Longmont, CO	80501			·
Check	☐ Promoter	🗷 Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or
Box(es) that Apply:					Managing Partner
	name first, if individual)		13.11.11		
Wood, Marsha I	Wood and Wayne N.				
		Street, City, State, Zip Code)	·· <u>-</u> · · · ·		
8232 Weld Cour	ity Road 11, Longmont, CO 3	80501		-· .	* I

					В.	INFORMA	ATION AB	OUT OFFE	RING				
1.	Has the issi	uer sold, or d	oes the issue	r intend to s				_	under ULOE			Yes N	0 <u>X</u>
2.	What is the	minimum in	vestment tha	it will be ac	cepted fron	n any individ	Jual?					\$	n/a
3.	3. Does the offering permit joint ownership of a single unit?											Yes X N	0
4. Non	solicitation registered v broker or d	of purchase.	rs in connec and/or with	tion with s a state or st	ales of sec ates, list th	urities in the e name of th	e offering. e broker or	If a person	to be listed i	s an associate	ed person or	agent of a b	emuneration for proker or dealer ersons of such a
Full	Name (Last	name first, if	`individual)										
Bus	iness or Resi	idence Addre	ss (Number a	and Street.	City, State,	Zip Code)							
Nan	ne of Associa	ated Broker o	r Dealer										
		Person Listed											Alf States
[AL		[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	(HI)	[ID]
(IL)	-	[IN]	[IA]	[KS]	[KY]	[CO]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[M]		[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	INCI	[ND]	[HO]	[OK]	[OR]	[PA]
[RI]		[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	IVAI	[VA]	[WV]	[WI]	[WY]	[PR]
		name first, if			[TA]	[01]	1771	1771	[76]	[***1	(**))	[14.1]	(1 (1)
			•										
Bus	iness or Resi	idence Addre	ss (Number a	and Street.	City, State,	Zip Code)							
Nan	ne of Associa	ated Broker o	r Dealer										
Stat	es in Which	Person Listed	Has Solicit	ed or Intend	ls to Solicit	Purchasers							
(Ch	eck "All Stat	tes" or check	individual S	tates)									□ All States
[AL)	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[110]
[1]		[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[M]	רו	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	{OK]	{OR]	[PA]
[RI]		[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[VA]	[WV]	(WI)	[WY]	[PR]
Full	Name (Last	name first, it	individual)			<u>.</u>							
Bus	iness or Resi	idence Addre	ss (Number a	and Street,	City. State.	Zip Code)		<u>.</u>		•		-	
Nan	ne of Associa	ated Broker o	r Dealer										
Stat	es in Which	Person Listed	l Has Solicit	ed or Intend	ls to Solicit	Purchasers							
		tes" or check											All States
[AL		[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[Hi]	[ID]
[IL]		[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[M]		[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[HO]	[OK]	[OR]	[PA]
[R1]		[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[VA]	[WV]	[WI]	[WY]	[PR]
	•										,		

1.	Enter the aggregate offering price of securities included in this offering and the total amount already transaction is an exchange offering, check this box \square and indicate in the columns below the amounts of the					
	Type of Security	,	Aggregate Offering Price		Am	ount Already Sold
	Debt		0		\$	0
	Equity		300.000.00			300,000.00
	Common Referred	*_	rootooptvo		*	
	Convertible Securities (including warrants)	\$	0		\$	0
	Partnership Interests		0			0
	Other (Specify)		0		s	
	Total	s —				300,000.00
	Answer also in Appendix. Column 3. if filing under ULOE.	_	1			
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."					
			Number			Aggregate
			Investors		Da	llar Amount
					o	f Purchases
	Accredited Investors		7		s	300,000.00
	Non-accredited Investors	_	0		\$	0
	Total (for filings under Rule 504 only)				\$	
	Answer also in Appendix, Column 4, if filing under ULOE.					
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.					
			Type of		Do	llar Amount
			Security			Sold
	Type of Offering					
	Rule 505				\$	
	Regulation A	_			\$	
	Rule 504	_				
	Total	_			\$	
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.					
	Transfer Agent's Fees				\$	
	Printing and Engraving Costs				s	
	Legal Fees			x	s	
	Accounting Fees				<u> </u>	

Engineering Fees.....

Sales Commissions (specify finders' fees separately)

Other Expenses (Identify)

Total.....

7,000,00

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND	USE OF PROCEEDS	
b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer"	total expenses furnished in	\$293,000.00
Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each or amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above.	f the purposes shown. If the total of the payments listed	
must equal the adjusted gross proceeds to the issuer set form in response to 1 art e - Question 1.0 above.	Payment to Officers, Directors, & Affiliates	Payment To Others
alaries and fees	□ s	□ s
urchase of real estate	□ s	□ s
urchase, rental or leasing and installation of machinery and equipment		□ s
Construction or leasing of plant buildings and facilities	□ s	 □ s
acquisition of other businesses (including the value of securities involved in this offering that may be used in acchange for the assets or securities of another issuer pursuant to a merger)		□ s
Vorking capital	□ s	S 293,000.00
ther (specify):		-
nuel (specify).	□ s	□ s
	□ s	
Column Totals	□ \$	- " '
Total Payments Listed (column totals added)	x s	293,000,00
D. FEDERAL SIGNATURE	· · · · · · · · · · · · · · · · · · ·	
The issuer had duly caused this notice to be signed by the undersigned duly authorized person. If this notice is undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of accredited investor pursuant to paragraph (b)(2) of Rule 502.	s filed under Rule 505, the fo its staff, the information fur	ollowing signature constitutes a nished by the issuer to any no
ssuer (Print or Type) Signature	8	Date
reeDesign, Inc.		02/26/200
lame of Signer (Print or Type) Title of Signer (Print or Type)		7- /00
Roger L. Pomainville President		

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	F	E. STATE SIGNATURE	· · ·	
1.	Is any party described in 17 CFR 230.262 presently subject to any of	the disqualification provisions of such rule?	Yes	No X
	See Appe	endix, Column 5, for state response.		
2.	The undersigned issuer hereby undertakes to furnish to the state admias required by state law.	nistrator of any state in which the notice is filed, a notice on Form D (17	CFR 239.500) at	t such times
3.		inistrators, upon written request, information furnished by the issuer to o		
4.	The undersigned issuer represents that the issuer is familiar with the the state in which this notice is filed and understands that the issuer been satisfied.	conditions that must be satisfied to be entitled to the Uniform limited Ol claiming the availability of this exemption has the burden of establishing	Tering Exemption ng that these cond	(ULOE) o litions have
The	e issuer has read this notification and knows the contents to be true and t	has duly caused this notice to be signed on its behalf by the undersigned	duly authorized p	erson.
Iss	uer (Print or Type)	Signature	Date	
Fre	eDesign, Inc.	The state of the s	02/2	6/20
Nα	me (Print or Type)	Title (Print or Type)	7	/
_	ger L. Pomainville	President		

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

END